

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

06/26/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA 1.D. NUMBER -> MDD024282824

FACILITY NAME -> STANDARD PRESSING MACHINE CO

MAILING ADDRESS ->

3299 QUEENS CHAPEL RD MT RAINIER, MD 20712

INSTALLATION ADDRESS ->

3299 QUEENS CHAPEL RD MT RAINIER, MD

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 841 CHESTNUT BUILDING PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HW53

TO: POWER HARRY SVC MGR STANDARD PRESSING MACHINE CO 3299 QUEENS CHAPEL RD MT RAINIER, MD 20712

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental	Protection Agency			
I. Installation's EPA ID Number (Mark 'X' In the appropriate box)				
A. First Notification B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number N 0 0 6 2 4 2 8 2 4 2 4 4 4 4 4 4 4			
II. Name of Installation (Include company and specific site name)				
SHANDARD PRESSINE	WACAINE CO			
III. Location of Installation (Physical address not P.O. Box or Route	Number)			
Street				
Street (continued)				
Street (continued)				
City or Town	State ZIP Code			
MI MAINITED III	1010/2017/17-11			
County Code County Name 033	1 90 01/11/24			
County Code County Name C'5'2				
IV. Installation Mailing Address (See instructions)				
Street or P.O. Box				
DAMIEL MOUNTS III				
City or Town	State ZIP Code			
V. Installation Contact (Person to be contacted regarding waste act	livities at site)			
Name (last) (first)				
MOWERINA	71R1R1Y1			
Job Title / Phone Number (area code and number)				
SIVICI MIGIRI I I I I I I I I I I I I I	01/1-19121/11-601301			
VI. Installation Contact Address (See instructions)				
A. Contact Address Location Mailing B. Street or P.O. Box				
3299 QUEENS	CHAPEL ROAD			
City or Town	State ZIP Code			
MTRAINIER	MD20712-1099			
VII. Ownership (See instructions)				
A. Name of Installation's Legal Owner				
MILDRED TOWNSEND				
Street, P.O. Box, or Route Number				
	(e)			
	3 700			
ANNAPOLIS				
B. Land Type C. O	wner Type D. Change of Owner (Date Changed)			
Phone Number (area code and number)	* L-1			
30 1 - Q 2 7 - 1 0 3 0	Indicator Month Day Year Yes No Y			

	MAY 1 ACC	ID	- For Official Use Only
VIII. Type of Regulated Waste Activity	y (Mark 'X' in the appropriate boxe	es. Refer to Instruct	lons.)
A. Hazardou	s Waste Activity ASTE DIVISION	B. Us	sed Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer, Note: A permit is require this activity; see instructions.) 4. Hazardous Waste Fuel a. Generator Marketing	(at installation) d for ons.	Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Specification Used Oil Fuel Markete (or On-site Burner) Who First Claim the Oil Meets the Specification
IX. Description of Regulated Wastes	(Use additional sheets if necessar	y).	V
A. Characteristics of Nonlisted Hazardou wastes your installation handles. (See 4) I. Ignitable 2. Corrosive 3. Reactive (D001)	0 CFR Parts 261.20 - 261.24)		eristics of nonlisted hazardous s) for the EP Toxic contaminant(s))
		The man and the second	
B. Listed Hazardous Wastes. (See 40 CFI	R 261.31 - 33. See instructions if you no	eed to list more than 12	waste codes.)
FOOD	9	10	5
C. Other Wastes. (State or other wastes re	equiring an I.D. number. See instruction	s.)	
	3	A Company of the Comp	5
X. Certification			
I certify under penalty of law that I hand all attached documents, and obtaining the Information, I believe that there are significant penaltic imprisonment. Signature Signature	l that based on my Inquiry of t re that the submitted Informatio	hose Individuals in its true, accurate nation, including	mmediately responsible for , and complete. I am aware
XI. Comments		·	
	RECEIVED GENERAL STATE SECTION	CENERAL S	TATA BECTION
	IUN 6 1990	MAY	2 4 1990
Note: Mail completed form to the approp	oriate EPA Regional or State Office. (S	See Section III of the	ock de la company de la compan

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building Philadelphia, Pennsylvania 19107

Harry Power Standard Pressing machine Ca. 13299 Queens Chapel Rd. MT Painier, Md 20712

Re: Notification of Hazardous Waste Activity

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification or missing information as indicated below:

	Location address inappropriate; complete street address required
T ∑ T	Required items which are missing are encircled in red.
	Signature/date missing
	The form was illegible. A new form is enclosed.

Please return the completed form together with this letter to the address indicated in the letterhead no later than

EPA will consider you as having not notified and in violation of Section 3010 of the Act if you do not complete and return this form by the date indicated.

If you have any questions pertaining to the Notification Form call 215-597-3884.

Sincerely,

Esther Steinberg 5700 4 Environmental Protection Assistant

Waste Management Branch

Enclosure